



RECEIPT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

: Koichi YAMAMOTO, ET AL.
Serial No : 09/785,579
Filed : February 16, 2001
Title : ATM SWITCH
Group Art Unit : 2661

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AUG 13 2001

Technology Center 2600

April 10, 2001

Attn: Customer Corrections Division
Assistant Commissioner for Patents
Washington, D.C. 20231

REQUEST FOR CORRECTED FILING RECEIPT

SIR:

We received the filing receipt on the above-referenced case, copy enclosed,

wherein an **APPLICANTS NAME** was incorrectly listed as: **NAOKAZU KAWAMARA**. Please change
the same to read: **NAOKAZU KAWAMURA**.

Any fee, due as a result of this paper not fully covered by an enclosed check, may
be charged on Deposit Account No. 08-1634.

Respectfully submitted,

Samson Helfgott
Reg. No. 23,072

**Any fee due with this paper, not fully
served by an enclosed check, may be
charged on deposit Acct. No. 08-1634**

Helfgott & Karas, P.C.
60th Floor
Empire State Building
New York, New York 10118
Tel. (212) 643-5000
Docket No.:18.342
SH:eju:FILREC

I HEREBY CERTIFY THAT THIS CORRESPONDENCE
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20231, ON THE DATE INDICATED BELOW.

BY

DATE

April 10, 2001



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/785,579	02/16/2001	2661	710	FUJZ 18.342	10	5	2

CONFIRMATION NO. 4245

026304
HELGOTT & KARAS, P.C.
EMPIRE STATE BUILDING
60TH FLOOR
NEW YORK, NY 10118

FILING RECEIPT



OC000000005871666

Date Mailed: 03/16/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Koichi Yamamoto, Kawasaki, JAPAN;
Hiromasa Maebashi, Kawasaki, JAPAN;
Naokazu Kawamura, Kawasaki, JAPAN; *KAWAMURA*
Minoru Yamaguchi, Kawasaki, JAPAN;
Naoki Oiri, Kawasaki, JAPAN;

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Continuing Data as Claimed by Applicant

Foreign Applications

JAPAN 2000-354698 11/21/2000

If Required, Foreign Filing License Granted 03/16/2001

Projected Publication Date: 05/23/2002

Non-Publication Request: No

Early Publication Request: No

Title

ATM switch

Preliminary Class

370

Data entry by : SEDIQEE, AHMADULLAH

Team : OIPE

Date: 03/16/2001





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Bib Data Sheet

CONFIRMATION NO. 4245

SERIAL NUMBER 09/785,579	FILING DATE 02/16/2001 RULE	CLASS 370	GROUP ART UNIT 2663	ATTORNEY DOCKET NO. FUJZ 18.342
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APPLICANTS

Koichi Yamamoto, Kawasaki, JAPAN;
 Hiromasa Maebashi, Kawasaki, JAPAN;
 Naokazu Kawamura, Kawasaki, JAPAN;
 Minoru Yamaguchi, Kawasaki, JAPAN;
 Naoki Oiri, Kawasaki, JAPAN;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

JAPAN 2000-354698 11/21/2000

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/16/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 10	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

026304

TITLE

ATM switch

FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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